A		OARD OF HEALTH	H State File No. 122
CE OF BIRTH		FICATE OF BIRTH	Registered No. / 🗷 🤼
21.0	GIATOTAL GALLE	a. ar	1000
0-0-1-		State	
ct or Township.		or Village	
No. (If birth occurred in a hoppital or institution, give its NAME instead of street and number)			
'ull name of child Celia	Yearl /	medlin	If child is not yet named, make supplemental report, as directed.
Sex of Child To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. No., in order of birth	, do	7. Date July 6 1929 of birth Day Year
B. FATHER Full name Jones Roger	modhin	14. Full malden name	ahala Hollodoy
9. Residence (Usual place of abode)	Globe	15 Residence (Usual place of abode) If non-resident, give p	Globe and state.
If non-resident, give place and state.		16 Color or race	1
White 11. Age at las	t birthday(Years)	white	17. Age at last birthday 17 (Years)
12. Pirthplace (city or place) Mio	un ans	18. Birthplace (city or pla (State or country)	(a) Globe, ani
13. Occupation Doury	nau	19. Occupation Nature of industry	Housewife
Nature of industry ()			<i>V</i>
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive a (b) Born alive b (c) Stillborn	out now dead	21. Were precautions taken against oph- thalmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 15			
Thereby certify that I attended the birth of this chief in (Forn alive or stillborn.)			
* When there was no attending physicis or midwife, then the father, householde etc., should make this return. A stillbor child is one that neither breathes no shows other evidence of life after birth	n }	overco 6	(Physician or midwife).
Given name added from	•	Thol	e arrona
a supplemental report	year Address	0	2 . 09
	Filed	17 1029 3	Ellect tone hich
Rogistr	***************************************		Registrar

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